

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-10209	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name LESLIE D. LANE P.O. Box, Bldg., Room No., if any Street 941 Miller AV City Lawrenceburg State IN Z.P. Code + 4 47025-1209	4. Name, file number, and address of labor organization. Name INTERNATIONAL UNION OF BRICK- LAYERS AND ALLIED CRAFTWORKERS LOCAL 4 IN/K Labor Organization File Number 526-781 P.O. Box, Building and Room Number, if any Street 2041 N. BROADWAY City ANDERSON State IN ZIP Code + 4 46062
5. Position in labor organization. Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Leslie D. Lane</u>	On <u>7-5-05</u> <u>812-539-4261</u> Date Telephone Number

Name of Person Filing LESLIE D. LAKE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

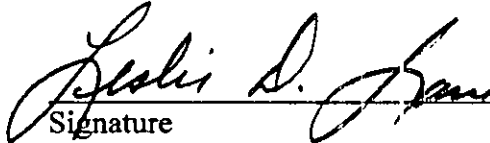
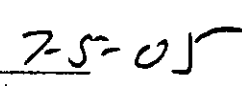
8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="height: 40px; border: 1px solid black;"></div>
	11.b. Approximate dollar value of such dealing. <div style="height: 20px; border: 1px solid black;"></div>
	12.a. Nature of interest held or income received. <div style="height: 100px; border: 1px solid black;"></div>
	12.b. Amount. <u>0</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer (any payment of money or other thing of value).

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="height: 150px; border: 1px solid black;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment <u>0</u>

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

 
Signature Date

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management Standards
Washington, D.C. 20210

RECEIVED
R18-16-05



August 12, 2005

Mr. Leslie D. Lane
BRICKLAYERS AFL-CIO, LU 4
2041 N BROADWAY
ANDERSON, IN 46012

Dear Mr. Lane:

The Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), requires public disclosure of certain financial transactions and financial interests of labor organization officers and employees and their spouses and minor children. Officers and employees of covered labor organizations must file a Labor Organization Officer and Employee Report, Form LM-30, with the Department of Labor if they held any legal or equitable interest or engaged in any transactions (including loans) of the types described in the six subsections of Section 202 of the LMRDA.

The enclosed Form LM-30 report that you filed in accordance with the above reporting requirements is being returned to you because it is not acceptable for disclosure purposes.
The following items must be completed or corrected:

1. The report is completed in pencil. It should be printed in ink or filled in on a typewriter.
2. There are no transactions reported in Part A, Part B, or Part C of the form. The form should be completed in accordance with instructions to report financial transactions and financial interest of the types described in the six subsections of Section 202 of the LMRDA.

We are requesting that you complete or correct the above items and return the report to the Office of Labor Management Standards (OLMS) within 30 days of receipt of this letter.

If you have any questions, please call me at 202-693-0829 or send me an email at Haskins.James@dol.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "James Haskins".

James Haskins, Chief
Branch of Audits